FART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

| maintenance fee notifica CURRENT CORRESPOND | | 500 J. J. J. S. | | | | | | |
|---|---|---|--|--|--|-------------------------|--|--|
| | | | | Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. | | | | |
| 22913 7590 01/09/2008 | | | | Codificate of Malling of Transmission | | | | |
| WORKMAN NYDEGGER | | | | Thereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | | | |
| 60 EAST SOUT | ai ai | addressed to the Mail Stop ISSUE FEE address above or being facsing | | | | | | |
| 1000 EAGLE G. SALT LAKE CI | | tr | ansmitted to the US | SP10 (3/1) |) 273-2885, on the d | (Depositor's name) | | |
| | , 0 | | | | | | (Signature) | |
| | | | | | | | (Date) | |
| | | | L, | | , | | (2007) | |
| APPLICATION NO. | FILING DATE | FILING DATE | |)R | ATTORNEY DOCKET NO. CONFIRMATION NO. | | | |
| 10/810,041 | | | | | | | | |
| TITLE OF INVENTION | : METHODS FOR MA | NUFACTURING LEAD | FRAME CONNECTOR | S FOR OPTICAL | TRANSCE | IVER MODULES | | |
| | | | | | | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DU | E PREV. PAID ISS | UE FEE | TOTAL FEE(S) DUE | DATE DUE | |
| nonprovisional | NO | \$1440 | \$300 | \$0 | | \$1740 | 04/09/2008 | |
| EXAM | INER | ART UNIT | CLASS-SUBCLASS | "] | | | | |
| TRINH, MINH N | | 3729 | 029-883000 | | | | | |
| 1. Change of corresponde | | 2. For printing on the patent front page, list | | | | | | |
| CFR 1.363). | | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, | | | | | | |
| Address form PTO/SI | ondence address (or Ch 3/122) attached. | | | | | | | |
| "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required. | | | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | | |
| 3. ASSIGNEE NAME A | ND RESIDENCE DAT | A TO BE PRINTED ON | THE PATENT (print or | type) | | alee ranga a Bara | i edi. Nasarakan jahir yan di <u>waka</u> kata | |
| PLEASE NOTE: Unl | ess an assignee is iden h in 37 CFR 3.11. Com | tified below, no assignee | data will appear on the off a substitute for filing | patent. If an assi in assignment. | gnee is ide | ntified below, the d | ocument has been filed for | |
| (A) NAME OF ASSIGNEE | | | (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | |
| Finisar Corporation | | | Sunnyvale, CA | | | | | |
| Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🔲 Government | | | | | | | | |
| 4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown al | | | | | | | shown above) | |
| X Issue Fee | | | A check is enclosed. | | | | | |
| | Io small entity discount | Payment by credit card. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any | | | | | | |
| ☐ Advance Order - | # of Copies | <u>, la esta la plan</u> A Mariana anticona | overpayment, to De | overpayment, to Deposit Account Number 23-3178 (enclose an extra copy of this form). | | | | |
| 5. Change in Entity Sta | tus (from status indicate | ed above) | n. | | 47.1 55.777 | mv d 27.0 | ED 1.27%.V2V | |
| a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. | | | | | | | | |
| NOTE: The Issue Fee an interest as shown by the | d Publication Fee (if rec records of the United St | ates Patent and Trademar | k Office. | шис аррпсан, а п | | | | |
| Authorized Signature | Tall land | Date A⊇ril ^{Witt} 2008 | | | | | | |
| Twin L Massahaff | | | Pagistration No. 36 506 | | | | | |
| Typed of printed fami | e | CVD 1 311. The informati | ion is required to obtain | or retain a benefit b | v the public | c which is to file (and | by the USPTO to process) | |
| | | 5 U.S.C. 122 and 37 CFR to USPTO. Time will var urden, should be sent to the O NOT SEND FEES OR persons are required to re- | | | | | d by the USPTO to process) ag gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450, number. | |
| Chack the Paper Hola Te | | * | | | | | | |